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Bib Data Sheet

CONFIRMATION NO. 8431

<b>SERIAL NUMBER</b> 10/055,968	<b>FILING DATE</b> 01/28/2002 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> <del>2100</del> 3626	<b>ATTORNEY DOCKET NO.</b> 103864.129US1
<b>APPLICANTS</b> Diana L. Kosinski, Whitehouse Station, NJ; Mark W. Sullivan, Morristown, NJ; Steven M. McNamara, West Milford, NJ; Melissa Russo, Oakland, NJ;				
<b>** CONTINUING DATA *****</b> <i>none CB</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none CB</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/04/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>CB</i>	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 24	<b>TOTAL CLAIMS</b> 53
<b>INDEPENDENT CLAIMS</b> 8				
<b>ADDRESS</b> 24395				
<b>TITLE</b> Apparatus and method for processing phone-in prescriptions				
<b>FILING FEE RECEIVED</b> 1754	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	